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FAUQUIER COUNTY VOLUNTEER FIRE & RESCUE ASSOCIATION VOLUNTEER APPLICATION PACKAGE PROCESS CHECKLIST

Applic	ant's Full Legal Na	me:			
	_	(Print Last)	(Print F	irst)	(Print Middle)
•	County Volunteer Ap	plication Form (3 pages)		Date:	
•	Junior and Cadet Parent/Guardian Consent Form (if under 18 YOA)			Date:	
•	Permission to Releas	e Information Form		Date:	
•	Volunteer Membership Classifications Form			Date:	
•	Hepatitis-B Vaccinati	on Authorization or Waiver Form		Date:	
•	Naming of Beneficiar	y Form		Date:	
•	Date of National Crin	ninal History Background Check Letter		Date:	
•	Driving History			Date:	
•	Driver's License			Date:	
•	Birth Certificate	2 of 3 REQUIRED		Date:	
•	Passport			Date:	
•	Date HIPAA Test was	Completed		Date:	
•	Date of Physician's C	ertification (Class A or B)		Date:	
•	Life Insurance Applic	ation (if eligible, 18-65 YOA)		Date:	
•	County ID Card issue	d		Date:	
•	Fit Test completed			Date:	
•	Application file move	ed to main office		Date:	

Comments: